

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # 745785

**1. Corporation Name**

25 BAY TOWER ASSOCIATION, INC.

**2. Principal Office Address**

c/o Courtesy Property M.  
13250 SW 135 Ave.  
Suite, Apt. #, etc.

**3. Mailing Office Address**

13250 SW 135 Ave.  
Suite, Apt. #, etc.

**City & State**

Miami, Florida

**Zip**

33186

**Country**

Dade

**City & State**

Miami, Florida

**Zip**

33186

**Country**

Dade

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

59-1907080

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

SKRLD, Inc.

**Street Address (P.O. Box Number is Not Acceptable)**

201 Alhambra Circle

**Suite, Apt. #, Etc.**

Suite 1102

**City**

Coral Gables

State  
**FL**

**Zip Code**

33134

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

SKRLD, INC. BY LISA LERNER *Lisa Lerner* SECRETARY

Date 3-2-2000

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rafael N. Levi	175 SE 25 Road #7A	Miami, Florida 33129
VP	Salvador Ziegenhart	175 SE 25 Road #10F	Miami, Florida 33129
T	Hilda Lopez	175 SE 25 Road #8B	Miami, Florida 33129
S	Madeline Arenson	175 SE 25 Road #8E	Miami, Florida 33129
D	Hernando Bolanos	175 SE 25 Road #2B	Miami, Florida 33129
D	Arnold Scher	175 SE 25 Road #5C	Miami, Florida 33129

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

PLEASE SEE ATTACHED.

SIGNATURE:

*Hilda Lopez* (HILDA LOPEZ)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-2000

Date

Daytime Phone #

CR2E081 (9/99)

Attachment  
2012 (2)

<b>Title:</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City/State/Zip</b>
D	Maria Sabourin	175 SE 25 Road, # 11B	Miami, FL 33129